

Kansas Department of Health and Environment Center for Health and Environmental Statistics Office of Vital Statistics 1000 SW Jackson Street, Suite 120, Topeka, KS 66612-2221 (785) 296-1424

Paternity Consent Form for Birth Registration

This completed consent form or a court determination of paternity is required per KSA 65-2409(c) when the mother was not married at the time of conception or birth or any time in between and a father's name is to be entered on the birth certificate. This form should be completed and witnessed by hospital personnel and submitted to the State Registrar along with the completed birth certificate.

	Basic Rights and Responsibilities of Acknowledging Paternity
	An acknowledgment of paternity creates a permanent father and child relationship which can only be ended by cour order. A person who wants to revoke the acknowledgment of paternity must file the request with the court before the child is one year old, unless the person was under 18 when the acknowledgment of paternity was signed. A person under age 18 when the acknowledgment was signed has until one year after his or her 18th birthday to file a request, but if the child is more than one year old then, the judge will first consider the child's best interest. The person will have to show that the acknowledgment was based on fraud, duress (threat) or an important mistake of fact, unless the request is filed within 60 days of signing the acknowledgment or before any court hearing about the child, whichever is earlier;
	Both the father and the mother are responsible for the care and support of the child. If necessary, this duty may be enforced through legal action such as a child support order, an order to pay birth or other medical expenses of the child, or an order to repay government assistance payments for the child's care. A parent's willful failure to support his or her child is a crime.
	Both the father and the mother have rights of custody and visitation with the child unless a court order changes their rights. If necessary, custody and visitation rights may be spelled out in a court order and enforced.
	Both the father and the mother have the right to consent to medical treatment for the child unless a court order changes those rights.
	The child may inherit from the father and his family or from the mother and her family. The child may receive public benefits (example: social security) or private benefits (examples: insurance or workers compensation) because of the father-child or mother-child relationship.
	The father or the mother may be entitled to claim the child as a dependent for tax or other purposes. The father or the mother may inherit from the child or the child's descendants.
	Each parent has the right to sign or not sign this acknowledgment of paternity. Each parent has the right to talk with an attorney before signing an acknowledgment of paternity. Each parent has the right to be represented by an attorney in any future legal action involving paternity or their rights or responsibilities as a parent. Usually each person is responsible for hiring his or her own attorney.
l have	e read this page. Father's initials Mother's initials

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------Father's Information------______, state that my date of birth is ____/___ and my social security number is _____-___. I have read the disclosure of basic rights and responsibilities of acknowledging paternity (on page1), and I hereby acknowledge that I am the father of, and consent to the placing of my name as the father on the birth record of, _______, born _____ Signature of father Father's address: City State Zip code ------Mother's Information------, state that my date of birth is ___/__/ and my social security number is ______. I have read the disclosure of basic rights and responsibilities of I consent to placing the name of ______ on the birth record of my child as the ______ on the birth record of my child as the father of the child. Signature of mother Mother's address: Zip code Street City State ------Witness' Information------The above signatures were witnessed by ______ at _____ Hospital on ____ / _____ .

Please print or type.